MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-008227
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. ____ Registrar's No. 91

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0940
2 0128
3
4 0
5 1
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7 0
8 2
9 4200
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12 93-0
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF ____ DOCUMENT

FILED MAR 12 1963

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Farmington Rural /St.Francois
Length of stay in 1b: 11Mos. 26das.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: State Hospital No. 4
Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Butler
c. CITY OR TOWN: Poplar Bluff
Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 1610 Woodrow St.
Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First JOHN Middle W. Last WATTS

4. DATE OF DEATH: Month February Day 15, Year 1963

5. SEX: Male
6. COLOR OR RACE: White
7. Married X Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11/18/1881
9. AGE (last birthday): 81
IF UNDER 1 YEAR: Months 2 Days 27
IF UNDER 24 HR: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Texas County, Mo.
12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: IMMANUEL WATTS
13b. MOTHER'S MAIDEN NAME: COMSTOCK
14. NAME OF HUSBAND OR WIFE: Ibbie Watts.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi: No
16. SOCIAL SECURITY NO.
17. INFORMANT Address: Mrs. Ibbie Watts, Poplar Bluff, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for a, b, and c.)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Auricular Fibrillation — Unknown.
DUE TO (c): Arteriosclerotic Heart Disease — Unknown.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Chronic brain syndrome associated with cerebral arteriosclerosis with psychotic reaction.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO X
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Feb. 12, 1963 to Feb. 15, 1963 and last saw him alive on Feb. 15, 1963
Death occurred at 10:45 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John A. Brennan MD.
22b. ADDRESS: Farmington, Missouri.
22c. DATE SIGNED: 2-16-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal & Burial
23b. DATE: 2/17/63
23c. NAME OF CEMETERY OR CREMATORY: Black Creek
23d. LOCATION (City, town, or county) (State): Poplar Bluff, Missouri.

24. FUNERAL DIRECTOR ADDRESS: FRANK-COTRELL CHAPEL, Poplar Bluff, Mo.
25. DATE RECD. BY LOCAL REG.: Feb. 16, 1963
26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edgar W. Lakeland

Licensed Embalmer No. 3394

P. O. Address Poplar Bluff, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.